

Liberty Learning Center
Re-Registration Packet

March 2018

Dear Parents,

This is your re-registration packet. Please look it over and return it by *April 11th* . We will *not* assume your child is coming back unless we receive your registration

If you would like to register your child for our summer program please pick up a separate packet for Summer. The summer program starts on June 19th. We need you to register early so that we know how many spots we have open for our summer program.

Thank you for your constant support and trust. If you have any questions, please feel free to contact us.

Sincerely,

Mary and Peter Hourihan

Liberty Learning Center Contract/Registration Form

Re-Registration Date: _____

Child's Name: _____

Age in Sept: _____

Please check the program you are registering your child for. Fill out the schedule for that program.

1. **Child Care** (which includes Pre-K and/or Preschool)

DAY	TIME OF DROP OFF	TIME OF PICK UP
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

2. **Pre-K 4 Year old Program** (M,T,&W) 9-12
 Pre-K 4 year old Program (M,T, & W) 9-1
 Pre-K 4 year old Program (M-F) 9-12
 Pre-K 4 Year old Program (M-F) 9-1

3. **Preschool 3 Year old Program** (Thursday & Friday) 9-12*
 * Preschool more that two days is offered at the same rate as Pre-K.
 4. **Before and After School Program** (Contracted hours) Separate contract .
 5. **Summer Program** / Separate Contract.

Fees

- \$20.00 Annual Re-registration fee per family.
- Registration fees are non-refundable
- Deposits: To be used the last week/month your child is in attendance.

<u>Program</u>	<u>Amount</u>
Childcare:	1 Week Tuition
Pre-k/Preschool:	1 Month Tuition
Before/After School:	\$100.00 per family

.....
 NO reduction in tuition payments for holidays, sick days, snow days or vacations.*

*Vacations are only tuition free for **FULL TIME CHILDCARE STUDENTS**.

Payment is due by the 1st of the month. A late charge of 25\$ will be added .After the 7th of the month, your credit card will be charged for the entire amount due, unless other arrangements have been made. Suspension will occur if FULL payment has not been made by the 15th of the month.

CREDIT CARD TYPE: _____ **Number** _____ **Ex. Date:** _____

Your signature accepts the conditions of the program, tuition and this contract. Liberty Learning Center has permission to use my credit card.

I have read and fully understand the above Contract/Registration Form.

 Parent' Signature

 Phone #

Before & After School Worksheet

Child's Name: _____ Grade: _____

Parent's Name: _____ Home phone: _____

Child's schedule:

Drop off am: _____

Bus pick up: _____

Choose correct bus schedule below

Middle School Bus:

7:45 am/ 2:45pm

Bus drop off: _____

Parent pick up: _____

Central School Bus:

9:00 am/3:30 pm

Total # of hours child
will be at LLC: _____

X \$7.75 per hour

X 180 days**

**Peter will prorate for less days a week if your child does not come 5 days a week.

Divided by 10 months: _____

_____*

*Total tuition each month. Remember, we charge until 9:00 am and from 3:30 pm each day for Central and Liberty Schools. We are responsible for your children until the school day starts and ends!!

Please fill this sheet out and sign/ initial the total. Mr. Hourihan will send back a contract to be signed for each child. Remember, a \$100.00 deposit for each family is due when contract is signed. (if you have one on file, you only need to return signed contract)

Also, a ten % discount will be subtracted for the second child.

All Tuition is due by the 7th of the month !!!!!!!

PLEASE be sure to sign up for school holidays in advance!

Liberty Learning Center
2018– 2019
Before/After Contract

Your child will be attending Liberty Learning Center’s before and after school program. Please review this contract and sign and return it before September 1. We took the daily hours from your worksheet completed at registration or re-registration. Your payment is for 180 school days divided by 10 months. (September – June)

1. All half days, early dismissals and school vacations will be charged separately.
2. All payments must be made by the 3rd of the month.
3. No refunds will be given for sick days or snow days.
4. Any extra hours/school vacations or holidays will be added to your invoice.
5. A deposit of \$100.00 will be due for your family if there is not one on record.

Child’s name: _____

Total number of hours a day: _____

Total monthly tuition due: _____

Deposit due: _____

I understand all of the conditions of this contract. I will make payments **in full** by the 1st of the month. I agree to notify Liberty Learning Center two weeks in advance if my child is leaving the program. **I will call Liberty Learning Center if my child will be absent or not coming off the bus in the afternoon.**

Parent’s signature

Date